



PATENT
PF01022 US

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of)
Mark C. Estes et al.)
Serial No.: 10/624,389)
Filed: July 22, 2003)
For: ELAY DEVICE FOR TRANSFERRING)
INFORMATION BETWEEN A SENSOR)
SYSTEM AND A FLUID DELIVERY SYSTEM)

**Transmittal of Missing
Declaration**

Mail Stop Missing Parts
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

Enclosed herewith is the Declaration for the above-identified application per the Patent Office "Notice To File Missing Parts of Application" dated September 4, 2003.

The Commissioner is hereby authorized to charge the late oath or declaration surcharge fee of \$130, and any other fees associated with this communication, to Deposit Account No. 50-0621. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Vivian S. Shin, Reg. No. 43,919
MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219
(818) 576-5291

Dated: November 12, 2003

I hereby certify that this correspondence is being deposited with the United States Postal Service as First class mail in an envelope with sufficient postage addressed to Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on November 12, 2003.

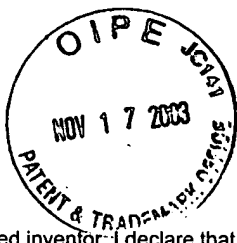
Vivian S. Shin, Reg. No. 43,919

(Signature)

November 12, 2003

Date

11/20/2003 MIDANTE1 00000048 10624389
01 FC:1051 130.00 DA



DECLARATION

PATENT (U.S.A.)
ATTORNEY'S DOCKET NO. PF01022 US

X ORIGINAL
CONTINUATION-IN-PART
DIVISIONAL

As a below named inventor, I declare that the information given herein is true, that I believe that I am the original, first and sole inventor if only one name is listed at 1 below, or a joint inventor if plural inventors are named below at 1-2, of the invention entitled:

SYSTEM FOR PROVIDING BLOOD GLUCOSE MEASUREMENTS TO AN INFUSION DEVICE

Which is described and claimed in:

X the attached specification or
the specification in application Serial No. 10/624,389 filed 07/22/2003
as amended on _____

and for which a patent is sought, and that my residence, post office address and citizenship are as stated below next to my name.

I acknowledge my duty to disclose information, which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I hereby claim priority benefits under Title 35, United States Code, §119 of any application(s) for patent or inventor's certificate listed below and have also identified below any application for patent or inventor's certificate having a filing date before that of the application on which priority is claimed:

PRIOR
APPLICATION(S)

COUNTRY	APPLICATION NUMBER	DATE OF FILING Month Day Year	PRIORITY CLAIMED UNDER 35 U.S.C. 119
US	60/398,199	July 24, 2002	YES <u>X</u> NO <u> </u>
US	60/412,998	September 23, 2002	YES <u>X</u> NO <u> </u>

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application.

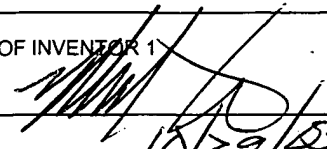
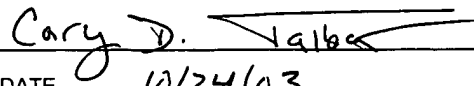
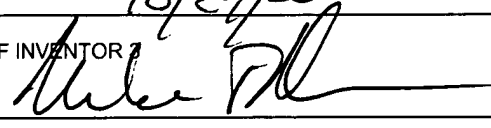
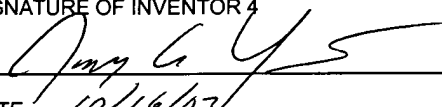
(Application Serial No.) (Filing Date) (Status)

Send correspondence to:
MEDTRONIC MINIMED, INC.
18000 Devonshire Street
Northridge, CA 91325-1219

DIRECT TELEPHONE CALLS TO:
Vivian S. Shin
(818) 576-5291

1	LAST NAME ESTES	FIRST NAME MARK	MIDDLE NAME C.	Residence: CITY SIMI VALLEY	STATE or COUNTRY CALIFORNIA
	Post Office Address 662 BRECKENRIDGE PLACE, SIMI VALLEY, CA 93065				CITIZENSHIP US
2	LAST NAME TALBOT	FIRST NAME CARY	MIDDLE NAME D.	Residence: CITY SANTA CLARITA	STATE or COUNTRY CALIFORNIA
	Post Office Address 27539 CATALA AVENUE, SANTA CLARITA, CA 91350				CITIZENSHIP US
3	LAST NAME TOLLE	FIRST NAME "MIKE" CHARLES	MIDDLE NAME VALLET	Residence: CITY VAN NUYS	STATE or COUNTRY CALIFORNIA
	Post Office Address 7001 ALDEA, VAN NUYS, CA 91406				CITIZENSHIP US
4	LAST NAME YONEMOTO	FIRST NAME JAY	MIDDLE NAME A.	Residence: CITY ARCADIA	STATE or COUNTRY CALIFORNIA
	Post Office Address 401 SAN ANTONIO ROAD, ARCADIA, CA 91007				CITIZENSHIP US

I further declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 1 	SIGNATURE OF INVENTOR 2 
DATE 10/29/03	DATE 10/24/03
SIGNATURE OF INVENTOR 3 	SIGNATURE OF INVENTOR 4 
DATE 10-27-03	DATE 10/16/03